

Data Filing Instructions

1. Navigate to the following web page:
http://insurance.illinois.gov/regulatory_filings/regulatory_filings.asp
2. Under the heading "Insurance Data Reporting Requirements" 4. Workers' Compensation Data Call, double click on either of the applications named "Web Application 2016 Work Comp". Companies may use either the Microsoft Excel version or the Microsoft Access version of the reporting application.
3. Save the application file to your desktop or local drive.
4. Open the application to begin the reporting process.

Access application views and details:

The Company ID Form should display when the application is opened. All fields on the Company ID Form must be filled prior to completing the claims data form. Selection of "Save Record" before proceeding will eliminate the need to input your company FEIN on the Claims Data Form.

Company ID Form

The screenshot shows a web application window titled "Company ID". The form contains the following fields and buttons:

- 1. NAIC Company Code:
- 2. FEIN:
- 3. Company Name:
- 4a. Company Contact Name:
- 4b. Contact Phone Number:
- 5. Company Contact Email:
- Save Record** (Red button)
- Claims Data** (Blue button)
- Close and Export Data** (Blue button)
- New Company Data** (Blue button)

Claims Data Form

Claims Data	
2. FEIN <input type="text" value="88-8888888"/>	All entries must be numeric or blank. No N/A.
6. A formal request for payment related to an event or situation that is covered under an in-force insurance policy received by the insurer during the survey period.	
7. The number of claims reported above (field #6) in which recovery was limited to medical expenses only.	
8. The number of claims reported above (field #6) in which resolution was delayed due to a dispute regarding policy language or litigation was involved.	
9. The total number of claims open during the survey period in which the insurer has received notice that the employee has retained legal counsel or instituted legal action.	
10a. The number of claims that are opened during the survey period in which the insured incurred time off of less than 3 working days.	
10b. The number of claims that are opened during the survey period in which the insured incurred time off of between 3 and 14 working days.	
10c. The number of claims that are opened during the survey period in which the insured incurred time off of greater than 14 working days.	
11. The total number of man-hours allocated to adjust workers compensation claims received by the company during the survey period.	
12. The number of temporary total disability claims that are opened during the survey period in which temporary total disability benefits were not paid within 14 days from the first full day off, regardless of reason.	
13a. The total number of medical bills paid during the survey period where the time between the date of service and the date paid	

The following steps will produce an Excel file containing the company data. By submitting data in an Excel format, companies are no longer required to submit data through the State's secured web portal. These instructions were written based on the use of Access 2007 and Excel 97-2007 or later versions.

- Data must be submitted on a company specific basis. Do not summarize data for multiple companies.
- If submitting data for multiple companies, each company will be reflected as a separate line of data.
- Once the Company ID Form is completed and saved, the user may select the Claims Data box. From this location the user will provide all data required for this data call.
- All data entries on the Claims Data Form (Field #6-#23) must be all numeric or left blank. N/As will cause errors.
- See below for a complete description for each of the requested data elements.

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- Once all data elements are completed, the user must select the “Close Form” box to return to the Company ID Form.
- To submit data for multiple companies in same filing select “New Company Data.”
- To complete the data export, the user selects the “Close and Export Data” box.
- The user will be prompted for a location to save the data file.
- File name: **PLEASE NOTE** – In order to process data accurately, the DOI requests that all file names reflect the company FEIN or NAIC # of one of the companies included in the data file. If you submit data for multiple companies in the same file, simply pick one of the companies. Do not include spaces in file name. For example, the properly formatted data file would resemble: 123456789.xls or NAIC12345.xls.
- Save as type: Microsoft Excel file: (*.xls) or (*.xlsx)
- Select Export / OK
- The completed (*.xls) / (*.xlsx) file must be submitted to the Department by email at: DOI.CostContainment@Illinois.gov. Please include “2016 WC data call NAIC#####” in the subject line of your email.

Please be advised that all companies licensed to write insurance in the State of Illinois, pursuant to Section 4, Class 2(d) are subject to this data call.

The survey period for this data call is 1/1/2015 through 12/31/2015. A number of the items within the data call request data based on “claims opened during the survey period” and others request a response base on “all claims” open during the survey period. Each data point should be addressed as indicated in the table below.

Please refer the following chart for data definition of required fields. The Department will expect receipt of all data no later than **March 1, 2016**.

Field #	Excel Column	Data Field	Data Definition	Data Based On:
1	A	Company NAIC #	Character value 5 digits '00000'	
2	B	Company FEIN #	Character value 10 digits '00-0000000'	
3	C	Company Name	Character value any length	
4a	D	Company Contact	Character value any length	
4b	E	Contact telephone	Character value (000) 000-0000	
5	F	Company Contact Email	Character value any length	

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6	G	# of claims opened	A formal request for payment related to an event or situation that is covered under an in-force insurance policy received by the insurer during the survey period.	Claims opened
7	H	# of reported medical only claims	The number of claims reported above (field #6) in which recovery was limited to medical expenses only.	Claims opened
8	I	# of contested claims	The number of claims reported above (field #6) in which resolution was delayed due to a dispute regarding policy language or litigation was involved.	Claims opened
9	J	# of claims for which the employee has attorney representation.	The total number of claims open during the survey period in which the insurer has received notices that the employee has retained legal counsel or instituted legal action.	All claims
10a 10b 10c	K L M	# of claims with lost time and # of claims for which temporary total disability was paid.	a) The number of claims that are opened during the survey period in which the insured incurred time off of less than 3 working days. b) The number of claims that are opened during the survey period in which the insured incurred time off of between 3 and 14 working days. c) The number of claims that are opened during the survey period in which the insured incurred time off of greater than 14 working days.	Claims opened
11	N	# of man-hours of claim adjusters employed to adjust workers' compensation claims.	The total number of man-hours allocated to adjust workers compensation claims received by the company during the survey period.	All claims
12	O	# of claims for which temporary total disability was not paid within 14 days from the first full day off, regardless of reason.	The number of temporary total disability claims that are opened during the survey period in which temporary total disability benefits were not paid within 14 days from the first full day off, regardless of reason.	Claims opened

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13a 13b	P Q	# of medical bills paid 60 days or later from date of service and the average days paid on those paid after 60 days for the previous calendar year.	a) The total number of medical bills paid during the survey period where the time between the date of service and the date paid was greater than 60 days. and b) The average number of days for all claim payments identified above.	All claims
14a 14b	R S	# of claims in which in-house defense counsel participated, and total amount spent on in-house legal services.	a) The total number of claims open at any time during the survey period in which internal counsel was utilized. and b) Total expenses (actual or estimated) applied to all internal defense counsel activities associated with the claims reported in 14a.	All claims
15a 15b	T U	# of claims in which outside defense counsel participated, and total amount paid to outside defense counsel.	a) The total number of claims open at any time during the survey period in which external (i.e outside) defense counsel was utilized. and b) Total expenses (actual or estimated) applied to all external defense counsel activities associated with the claims reported in 15a.	All claims
16	V	Total amount billed to employers for bill review.	The total amount of fees billed to employers in connection with all medical bill review services.	All claims
17	W	Total amount billed to employers for fee schedule savings.	The total amount of fees billed to employers in connection with all fee schedule discount review services.	All claims
18	X	Total amount charged to employers for any and all managed care fees.	The total amount of all fees billed to employers not reported in #16 or #17 above.	All claims

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19a 19b	Y Z	# of claims involving in-house medical nurse case management, and the total amount spent on in-house medical nurse case management.	a) The total number of claims in which internal medical nurse management expenses were applied to or associated with during the survey period, regardless of when the claim was opened. and c) The total amount of all internal nurse management expenses associated with the claims reported in 19a.	All claims
20a 20b	AA AB	# of claims involving outside medical nurse case management, and the total amount paid for outside medical nurse case management.	a) The total number of claims in which external medical nurse management expenses were applied to or associated with during the survey period, regardless of when the claim was opened. and b) The total amount of all outside nurse management expenses associated with the claims reported in 20a.	All claims
21	AC	Total amount paid for Independent Medical exams.	The total amount paid for all independent medical exams by the insurer during the survey period.	All claims
22	AD	Total amount spent on in-house Utilization Review for the previous calendar year.	The total amount of all internal Utilization Review expenses incurred by the insurer during the survey period.	All claims
23	AE	Total amount paid for outside Utilization Review for the previous calendar year	The Total amount of all external Utilization Review expenses incurred by the insurer during the survey period	All claims

Saving data: Data is automatically saved when the application is closed.

Completion: The Department strongly encourages the electronic submission of data by emailing your completed (*.xlsx or *.xls) file to: DOI.CostContainment@illinois.gov.

If you have any questions, please contact Yoko Copeland at DOI.CostContainment@illinois.gov.